



State of Delaware Attorney General's Check Enforcement Program Letter Request Form

PROGRAM PARTICIPANT INFORMATION

Company Name _____ Program ID Number _____

The undersigned states that he/she has actual knowledge of the facts stated below and believes that they are true as presented.

If restitution is not possible, checks that meet a minimum standard may be reviewed for possible prosecution. A check case that is selected for prosecution will require the person who authorized acceptance of the check to be a witness in the case.

Print Name: _____ Title: _____

Signed: _____ Date: _____

Initial Below:

_____ I have reviewed the Attorney General's Check Enforcement Program materials.

_____ I have followed the guidelines for accepting checks.

_____ I have sent a certified letter to the check writer.

_____ I have not collected any funds for the check(s) listed below.

_____ I am requesting an informational letter from the Check Enforcement Program be sent to the check writer.

CHECK WRITER INFORMATION

Name: First _____ Middle _____ Last _____ Suffix _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Date of Birth _____ Gender M ☐ F ☐

Employer _____ Work Phone _____

Driver's License # _____ State Where Issued _____ Other Photo ID _____

Please list any additional information to help identify or locate the check writer: